

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</p> <p>CHERYL A. SKIGIN, #73472 LAW OFFICE OF CHERYL A. SKIGIN 8502 E CHAPMAN AVE #616 ORANGE, CA 92869 TELEPHONE: (714) 273-0210 FACSIMILE: (714) 242-2077 CASKIGIN@EARTHLINK.NET</p>	<p>FOR COURT USE ONLY</p>
<p><input type="checkbox"/> Debtor(s) appearing without attorney <input checked="" type="checkbox"/> Attorney for: Ally Bank</p>	

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

In re: Jeffrey Marc Siskind	CASE NO.: 2:23-bk-11720-VZ CHAPTER: 13
	ORDER DENYING OBJECTION TO CLAIM NO. 5
	DATE: 09/18/2023 TIME: 11:30 COURTROOM: 1368 PLACE: 255 E Temple St., Los Angeles, CA 90012

The Debtor or trustee having filed objections to certain claims, the court having considered the evidence and argument presented in support and in opposition to such objections, if any, and good cause appearing, the court makes the following ruling as to the objections to claims:

(NOTES FOR USE OF THIS FORM: List claims in ascending numerical order based upon the clerk's claim number. Use a separate box below for each claim. Attach as many continuation pages as are necessary.)

Calendar Number: 30	Claim Number: 5-1,5-2	Claim Amount: \$5,480.71
Claimant Name: Ally Bank		
<input type="checkbox"/> Disallowed	<input checked="" type="checkbox"/> Allowed	<input checked="" type="checkbox"/> Unsecured: \$5480.71
Comments:		<input type="checkbox"/> Priority: \$

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured: \$
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:\$
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:\$
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:\$
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:\$
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:
		<input type="checkbox"/> Priority: \$
Comments:		

Calendar Number:	Claim Number:	Claim Amount: \$
Claimant Name:		
<input type="checkbox"/> Disallowed	<input type="checkbox"/> Allowed	<input type="checkbox"/> Unsecured:
		<input type="checkbox"/> Priority: \$
Comments:		

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